

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90029 001 \*\*\*\*61.25

<b>DOCUMENT # 756255</b> 1. Entity Name RIVER OAKS CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US			Mailing Address UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2182235</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUARTE III, ANTONIO 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For Not Applicable	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DWYER, TOM	NAME			
STREET ADDRESS	5128 PURITAN CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, PAT	NAME			
STREET ADDRESS	5136 PURITAN CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAZUR, JAN	NAME			
STREET ADDRESS	5134 PURITAN CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, RONALD	NAME			
STREET ADDRESS	7819 NIAGARA AVE.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, RICHARD	NAME			
STREET ADDRESS	7823 NIAGARA AVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, ALAN	NAME			
STREET ADDRESS	7853 NIAGARA AVE.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		1/10/2007 813 985 6386 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ronald McCarthy					

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